

## REQUESTS FOR ILLUSTRATIONS OF RETIREMENT BENEFITS

- 1) Illustration of Retirement Benefits are available from the Retirement Office to all members.
- 2) Requests for illustrations must be made either in writing or in person.
- 3) In order to prepare an illustration, the following information is required:
  - (a) Name of Employee
  - (b) Social Security Number
  - (c) Anticipated Retirement/Termination Date
  - (d) If information is desired regarding the Joint and Survivor option, the spouse's date of birth is required.
  - (e) Current home mailing address to which the illustration is to be sent.
- 4) Illustrations may be requested by the employee or by the agency/department on the employee's behalf.
- 5) Illustrations should be requested not less than two months prior to the employee's retirement date. This will allow the employee time to study the information furnished and make the election which is most beneficial to him/her.
- 6) Illustrations are prepared by the Retirement Office using the latest salary/contribution information available. The figures shown on the illustrations are estimates only.

The Retirement office cannot incorporate payment for unused vacation leave or sick leave pay in projecting retirement benefits.

# VERIFICATION OF DATE OF BIRTH

Before employee's benefits can be paid, at retirement or if the member elects option #2 on the termination form, the Retirement Office must have verification of the date of birth. If the date of birth has not been verified on the enrollment card, a copy of the document proving date of birth must be submitted at the time of retirement or termination.

If at the time of enrollment, the employee is unable to furnish one of the birth verification documents listed below, the space on the enrollment card for source of birth date verification should be left blank. The employee may furnish this office with birth date verification at a later date. Submission of enrollment cards to the Retirement Office should not be delayed solely for the purpose of birth date verification.

The Department Head or Authorized Representative should note on the enrollment card that satisfactory evidence of date of birth has been furnished and the type of evidence furnished.

## METHODS FOR CERTIFYING PROOF OF AGE

**IMPORTANT:** PROOF OF AGE MUST BE FILED WITH THE RETIREMENT SYSTEM AND REMAIN WITH YOUR RECORDS.

Date of Birth may be established by satisfying conditions in either (A) or (B).

(A) Sending to the Public Employees Retirement Systems office **ONE** of the following:

(1) Certificate of Birth

(2) Delayed Certificate of Birth Registration

**NOTE:** Any Certificate of Birth not showing name and birth date will not be accepted. To correct a Nebraska Certificate of Birth, please contact the Bureau of Vital Statistics, Department of Health, 3rd Floor, 301 Centennial Mall South, Lincoln, Nebraska 68509.

## OR

(B) Sending to the Public Employees' Retirement Systems office any of the following:

(1) a. Baptismal Certificate (must show age or birth date)

b. Affidavit from the Priest or Minister of the church records showing age or birth date.

- (2) Marriage License or Certificate (if age is shown)
- (3) Passport
- (4) Early Insurance Policies
- (5) Military Discharge papers.
- (6) Affidavit from older relative or other person who knew of the birth at the time of its occurrence and is acquainted with the necessary facts.
- (7) Certificate of doctor who attended the birth or official of the hospital where birth occurred.
- (8) Record in the Family Bible or other family record book.

Military ID cards and driver's licenses are not acceptable.

All copies must be a certified copy or a copy that has been notarized with a certification it is a true copy of the original.

## **DIRECT DEPOSIT**

A member may request direct deposit of their monthly retirement benefit. They should request a bank authorization form from the Retirement Office.

## **INCOME TAXES**

The Internal Revenue Service requires the recordkeeper or annuity provider to file a report of amounts paid during a calendar year. Members receiving a monthly annuity benefit will be issued an IRA Form 1099R at the end of each tax year. This form indicates the amount that is taxable and the amount of employee contributions before January 1, 1985 (non-taxable.) The taxable portion is divided into capital gains (if any) and ordinary income.

A member electing a direct transfer of the account balance, will receive any pre-85 contributions paid directly to them. These contributions cannot be rolled over.

Federal law requires income tax withholding from retirement annuity payments. Income tax on monthly retirement benefits is figured under the "safe harbor" method. A portion of each monthly payment will be excluded from taxation using a formula which considers age, and cost (contributions prior to 1-1-85), and the amount of the monthly benefit.

Our annuity provider will furnish the member with an informational letter on taxes after benefits have begun. For additional information, we suggest contacting the Internal Revenue Service and/or tax consultant.

# SAMPLE FORM

## Direct Deposit Agreement

Nebraska Public Employees Retirement System

### DIRECT DEPOSIT AGREEMENT

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Retirement # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FINANCIAL INSTITUTION																			
Name _____	Routing Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
City _____	State _____ Zip _____																		
Account No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

☐ **Authorization**

I hereby authorize the Nebraska Public Employees Retirement System to initiate direct deposit credit entries to my checking/savings account indicated above and the Financial Institution above to post the same to such account.

This authorization is to remain in force until the Nebraska Public Employees Retirement System receives notice of cancellation from me (see below). **The notice of cancellation must be received at least 30 days prior to cancellation** and in such a manner as to afford the Nebraska Public Employees Retirement System reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Nebraska Public Employees Retirement System prior to the receipt of the notice of cancellation.

I further authorize the Nebraska Public Employees Retirement System to initiate such debit entries to said account as may be necessary to correct any erroneous credit entries previously initiated thereto and I authorize the Financial Institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect.

Please attach voided check or  
savings account information here.

☐ **Cancellation**

I hereby cancel the authorization for the Nebraska Public Employees Retirement System to originate direct deposit payroll entries to my checking/savings account indicated above, effective on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

**A signature is required for authorization or cancellation.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Please Remember To Enclose A Voided Check or Savings Account Information**

PLEASE RETURN FORM TO: NEBRASKA RETIREMENT SYSTEMS  
PO BOX 94816  
LINCOLN, NE 68509-4816

Distribution:  
White - Return to Retirement System  
Yellow - Keep for your records  
SRS-02A